

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033046

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 123

FILED SEP 13 1963

1. PLACE OF DEATH

a. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Neosho

Length of stay in 1b
2 1/2 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Sale Memorial Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Newton

c. CITY OR TOWN Neosho

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route #4

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Infant Son of Mr. & Mrs. L.V. Noah

4. DATE OF DEATH
Month Day Year
September 9, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/9/63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Mins
2 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant

10b. KIND OF BUSINESS OR INDUSTRY
Infant

11. BIRTHPLACE (City and state or country)
Neosho, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

L.V. Noah

13b. MOTHER'S MAIDEN NAME

Carol Vesper

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
L.V. Noah Rt. #4 Neosho, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

anencephaly lived after birth 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Minute a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept. 9, 1963 to Sept. 9, 1963 and last saw him alive on September 9, 1963
Death occurred at 6:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul Anderson M.D.

22b. ADDRESS

113 West Hickory
Neosho, Missouri

22c. DATE SIGNED

9-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9/11/63

23c. NAME OF CEMETERY OR CREMATORY

Neosho Memorial Park

23d. LOCATION (City, town, or county)

Neosho, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home Neosho, Mo.

25. DATE RECD. BY LOCAL REG.

9-10-63

26. REGISTRAR'S SIGNATURE

Maydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10735

20730

3

4 0

5 0

6

7 0

8 2

9750X

10

11

122-0

13 6-0

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. Wayne Swen

Licensed Embalmer No. 5191
632 Park Street
P. O. Address Neosho, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.